

Registered Counselor Task Force
Stakeholder Comments
Comments Received July 22 – 27, 2006
Comments Received by Mail

I have had a counselors license for some years and have used mine mostly because the agencies I have worked for required it. I have a two year degree and a ton of knowledge and 23 years of working with chronically mentally ill adults and Developmentally disabled adults plus the elderly.

I have always thought that to get a counselors license you should have to be shown to be working under a Master's level person, a Bachelors person who has a ton of experience or a doctor. However, I think someone like me who has this many years of service should be grandfathered in. I knew of a man who had a two year degree in forestry , got a counselors license and started counseling people for money. This kind of thing should NOT be allowed.

I have a Masters of Education in Learning, Teaching, and Leadership from the University of Puget Sound, the basis for my degree was every class they had to offer on counseling, pastoral counseling, educational counseling, as well as teaching, and curriculum development. I am also the vice-President of the Washington Pastoral Counselors Association.

My concern at this juncture is that the broad umbrella of 'Registered Counselor' will be removed, eliminate or make illegal the pastoral and community services provided by counselors like myself. Community Mental Health issues are much broader and less defined than what is currently in the WAC. My clients range from low-income couples that have no insurance and need a significant discount on my fees to highly trained professionals that want complete confidentiality and no-one that has to respond to or give information to insurance companies (wanting no record what-so-ever that they are seeing a counselor with therapeutic concerns.)

For my own practice I have peer group reviews (pastoral and psychological) as well as continuing education in Internal Family Systems and other refresher courses for personal and professional development. My interests in people are much broader than the narrow licensing paths that have heretofore been offered. Even the fields of psychology and psychiatry are too narrow when it comes to choosing a 'specialty' and being licensed.

There are significant cultural, societal, financial, and governmental influences on each of our lives that form a context for our personal perceptions on top of the genetic, life experience, education, and trauma backgrounds that each of us possess.

Channeling practitioners thru narrowly defined 'educational' and 'licensing' requirements limits the broader, thoughtful, context-ful, contributions of some very extraordinary practitioners in this state. My concern is that the people of Washington will lose significant resources while a few schools and supervisors up their fees as it becomes the end-game.

I continue to struggle against being 'licensed' when the cost-to-benefit doesn't serve my clients or my practice. Carl Jung would surely turn over in his grave with the continued narrowing of our practices by outside 'regulations'. How do you define a practice that has a context as broad as the world itself, including geographic, political, social, cultural, psychological, physical, religious, spiritual, and mythical contributions?

I would like to enquire how the results of your task force could impact staff of DSHS who's jobs are designated 'Residential Rehabilitation Counselors' these staff carry out their tasks with the Special Commitment Center, and the Secure Community Transition Facilities in Pierce and King Counties.

Should the task force decide against a need for continuing with the Registered Counselor program, this could de-value the job status of all the staff employed at SCC and SCTF. Some of the staff working in these facilities are either registered counselors already or were in the process of applying. If a negative decision is handed down by the Task force, any of the staff designated as counselors could lose a degree of their credibility with the clients and with the public. In this case the clients are the worst and most dangerous predators confined by the State.

The staff do come under the umbrella of the agency, so would not be counseling illegally if a decision were made to change the RC requirements. For staff to qualify with additional educational achievements would, in most cases however, be difficult. Basic requirement for the position of RRC1 with DSHS is a GED and no previous experience required.

Staff at SCC/SCTF are already fighting to be recognized as professionals and equal to their peers in the Department of Corrections; especially RRC2 and up. Negative connotations to the title of Counselor could possibly hinder this fight.

I have a Doctorates in Counseling and Communication. I had a career in the Marine Corps and worked as a Drug and Alcohol Counselor as well as Career Counselor while on active duty. I have published two books, The Making Of a Minister and Psychology vs. Christianity. I am a consecrated Bishop in the Pentecostal Church. The folks I work with as a Counselor are mostly Disabled Veterans and those suffering from Post Traumatic Stress Disorder. These are folks that need help and can rarely afford it. I can appreciate them as I too have three tours in Vietnam in the Marine Corps.

The registered counselor serves to satisfy the system when I attempt to represent them with social security and Veterans disability Compensation.

As you can see the program does serve a viable purpose.

I am a certified professional coach (CPC). In coaching, we do not offer advice unless specifically asked by a client (unlike a therapist or mental health counselor). I became an RC so that I could feel more able to respond authentically when asked for opinions or advice by a client. I believe it's a valuable state designation.

We professional coaches are concerned about the term being used too loosely, and by those who have not completed a credentialed training program. For a definition of "coach", I offer the description of the International Coach Federation (our governing body) -- see coachfederation.org for more information (including our ethical guidelines).

Professional coaches provide an ongoing partnership designed to help clients produce fulfilling results in their personal and professional lives. Coaches help people improve their performances and enhance the quality of their lives.

Coaches are trained to listen, to observe and to customize their approach to individual client needs. They seek to elicit solutions and strategies from the client; they believe the client is

naturally creative and resourceful. The coach's job is to provide support to enhance the skills, resources, and creativity that the client already has.

My suggestion to the task force is to keep the RC designation, but require annual proof of certification or licensing from a qualified professional organization to ensure that another body is governing the RC's practice. This should effectively eliminate the type of abuses that have been brought to your attention.

July 11, 2006

Sherry Thomas
Policy Coordinator
State of Washington – Department of Health
PO Box 47850
Olympia, WA 98504-7850

DEPARTMENT OF HEALTH

JUL 17 2006

HEALTH SYSTEMS
QUALITY ASSURANCE

RE: Registered Counselor Task Force

Dear Ms. Thomas,

I recently received the letter from the Department of Health regarding the formation of the Registered Counselor Task Force. While I understand the importance of safeguarding the public and preventing unqualified people from practicing in the field of counseling and therapy, I would also like to express my concern that the Registered Counselor credential might be taken from those of us who are qualified and practicing sound work in this category.

I have been a registered counselor for 5 years. I obtained my RC status after completing my graduate work at Antioch University—Seattle. As someone interested in alternative modalities, I was clear early on that working within an agency was not something I was called to do—nor would the patients served by a clinic be the best match for my work. I knew I wanted to work with clients in more of a pro-active capacity using therapeutic techniques, so although I specifically chose not to enroll in a clinical track, I did design an internship as several independent studies. Since that time I have taken several professional development courses and read a lot to keep my knowledge base current.

I am a good counselor and I believe that my cohorts and I who have chosen the non-traditional path with a strong educational base deserve to be allowed to continue practicing in Washington State as a Registered Counselor. If this category goes away, even the unqualified will still practice calling themselves coaches or whatever the next hot phrase is. Under the current category, at least the public has a way of knowing who values the blessing of the state, so to speak. I know many of my counterparts and I would be willing to meet continuing education credits to meet regulation should the category be revised rather than eliminated.

Thank you for your time and consideration.

Sincerely,

July 5, 2006

*Sherry Thomas
Policy Coordinator
State of Washington
Dept. of Health
PO Box 47850
Olympia, WA 98504-7850*

Dear Sherry,

In regard to the enclosed letter dated June 21, 2006:

I attempted to access the survey several times and the system failed, so I will give you my input via this letter.

- 1. Clearly there is a need to ensure the safety of clients through a systematic verification of personal data and history related specifically to the registered counselor. This process is in place and to the best of my knowledge works sufficiently as it stands. (It, like any other system could probably use some "tweeking")*
- 2. I have absolutely no interest in having the State determine further squandering of my precious time and money with mandated education and/or other unnecessary "requirements." The Community Psychiatric Clinic, my employer, was quite thorough in its investigation of my background, experience, and educational qualifications; in my estimation that should suffice.*
- 3. I love the work I do for the Community Center for Alternative Programming (C-CAP), am paid very little by most standards—certainly those of the private sector, and will seek employment in another capacity outside human services if unreasonable demands are attached. Given my effectiveness in my work, this would certainly not be in the best interests of my clients.*
- 4. In my opinion, the Public has a right to information regarding the qualifications all government affiliated employees and I have a right to privacy. Obviously some balance is needed and I presently have no answer to that dilemma.*

Thank you for taking the time to read this.

Sincerely

Author / Counselor / Educator

July 5, 2006

Sherry Thomas, Policy Coordinator
Department of Health
PO Box 47850
Olympia, WA 98504-7850

Dear Ms. Sherry Thomas,

I received your letter regarding the registered counselor task force and review currently in progress. Coming during mid-summer and with only a short window available to respond to it - I hope the task force will be able to gather sufficient quality responses during this period.

I have been a registered counselor for ten years. I began as an educator. After writing several books on parenting, I became a registered counselor in order to work with more families. By working one-on-one with individuals, I have helped many parents and children resolve conflicts and become more successful and productive in a variety of situations.

Much of my work involves giving people new techniques to eliminate power struggles and become more positive and encouraging (skills that translate into many situations).

I have invested a great deal of money in furthering my own education, outfitting an office, and incurring numerous additional business expenses. To have my license taken away or my ability to work with families diminished would be a huge financial blow to my own family as well as a terrible loss to the many families that I help.

I present myself as a registered counselor at all times and conduct work in a professional manner. I encourage you to maintain the registered counselor status. Many of us perform significant and valuable services to our community and depend upon this licensing.

Thank you,

Ccs: Governor Christine Gregoire, Laurie Jenkins

DEPARTMENT OF HEALTH

JUL 07 2006

HEALTH SYSTEMS
QUALITY ASSURANCE

3 July 2006

DEPARTMENT OF HEALTH

JUL 10 2006

State of WA., Dept. of Health
P O Box 47850
Olympia, WA 98504-7850

ATTN: Laurie Jenkins, Asst. Secretary

RE: RC Task Force Meetings and Survey

Although my license is current, I have not actively practiced since my husband became stroke impaired in 1991. Several years ago I thought I would conduct some weight control/relaxation/stop smoking classes at Senior Centers and the "Y" as a volunteer, but none of these panned out. Since I am over 81 years of age, it is unlikely I will renew my license.

I do not have access to E-Mail and no longer drive so I am unable to attend any of the scheduled meetings.

Through the years, I primarily worked with King County YMCA, community school, bible school groups and libraries. Occasionally, I held some private stop smoking and weight control sessions, participated in seminars, workshops and wrote a few books.

Presently, a brain tumor and cardiovascular disease prevent me from actively participating in many things.

Sincerely,

Sherry,

Thanks for giving me the opportunity to provide some input.

As mentioned in a prior email, I have been a Washington State Registered Counselor (RC) and Registered Hypnotherapist (RH) since 2001. I am also a certified member of the National Guild of Hypnotists (NGH). My training includes 160 hours of in-class hypnosis training (NGH requires 100 to be certified), 328 hours of training in Neuro-Linguistic Programming (NLP) and 176 hours as an NLP assistant trainer. The NGH also requires 15 hours of CEUs each year to continue their certification.

I am currently counseling part-time but recently made the decision to work toward a full-time practice. Naturally, I am very concerned how changes made to the guidelines for RC's may impact my decision.

I sincerely hope that the mandate by our Governor for the Task Force was not motivated solely by the Seattle Times article referred to in the minutes. For one, the article sensationalizes the issue by only presenting one side of it. Case in point, Richelle Yarbrough was found guilty of improprieties with minors, fired, then had her credentials revoked. The article then goes on to quote the same person as if she's an expert and spokesperson for the integrity of RC's.

The reporter took the time to interview people opposed to RC's and to detail how improprieties were performed by offenders but totally ignores the majority of RC's, who counsel with integrity and have clients who benefit from the counseling received. There is not a single positive comment about RC's. In my opinion, good reporting shows both sides of the issue then presents an argument to take one side or the other.

I could go on about the article, but I doubt my criticizing the quality of reporting would be of use to the Task Force and the worthwhile efforts being made.

As a part-time and independent RC and RH, I have not seen many clients by most standards. I can however say in all honesty that most of my clients are very pleased with the counseling I have provided and that many believe they probably would not have received better counseling elsewhere.

A proportion of my clients initially see me for smoking cessation or weight loss. But as anyone in health care knows, these kinds of "disorders" are the symptom not the problem, and counseling often leads to other resolutions as well. Some of my clients prefer to take an alternative approach to their support, having had a negative experience with more mainstream counseling or simply preferring an alternative way. Some come because they cannot afford counselors who do not offer a sliding scale. A surprising number come to me with behavioral issues like stress, anger, emotions surrounding loss, and some come to me just to talk things out. In most cases I am able to help them get what they want and do it in very little time.

For the bulk of my clients, many who have already gone through a more conventional route, much work has already been done. They've already talked to the MD's, the ND's, their minister, their friends and , their family. Some in fact had already spent a fair amount of time and money in "talk therapy" and not come away with enough benefit to satisfy them.

With other professional help, they've already discounted physical reasons, environmental reasons, clinically diagnosable reasons for their distress or discomfort. They are not chemically dependent and are not in danger to themselves or to others. Some have told me up front that they come to me as a last resort, because they've tried everything else but read or heard somewhere that hypnotherapy or NLP can give results.

I wish I could boast that I have helped every one of them but of course, this is not the case. What I can say however, with a certain degree of pride that I have been able to help most of them.

And I was able to help most of my clients in very little time and at very little expense to them. I have not seen any client more than 4 times for a single issue and no client more than 8 times total.

I offer free 30-minute consultations to new clients so we can determine if there is a good fit. I have a 5-page intake form, I require that clients read my disclosure statement and the state required "Counseling or Hypnotherapy Clients" document before we begin a session. I even co-sign with my clients a document stating that they received and read both of these forms and keep it with their chart. I use SOAP forms for taking notes during session and all client contact is noted in writing in their charts.

All of my clients get my cell phone number and can call for support at no cost. More than one client has called and just needed a few minutes of time to figure something out. Some have needed more than that and I remember once being on the phone for over an hour while a client got past a distressing time. But this is a valuable service I offer to my clients and I see no reason to discontinue free telephone support when I go full-time.

Sessions are usually 2 hours in length and if we use more time I do not charge more. I have a sliding scale for rates so people who might not get help for financial reasons can still see me. If I see a client more than 2 times we typically reduce the rate. Some of my clients were on such a poor financial footing that I didn't charge them at all, only asking them to give what they could, when they could, to their favorite charity. I believe in giving something back to the community; when I achieve full-time counseling I plan to offer a percentage of my time pro bono to clients in need as a part of my work week.

Finally, with the client's permission I make follow up calls up to a year after the first session, just to make sure the client is still getting what he or she wants. There's no charge for this either. The benefit to the client is extended, free support. The benefit to

me is that I know the client is doing well and the methods I am using are effective.

In summary, I provide a worthwhile service to my community.

Given what I've written so far, some might think that I only service a small segment of the community but this is not the case. I have worked with business men and women, at-home Mom's, police officers, politicians and school teachers.

I am hoping that the changes to RC guidelines allow me to continue providing the service to the community that I currently provide. Even more, I am hoping that the recommendations made by the Task Force allow me to provide an even better service to my community.

I am quoting from the Task Force minutes sent to me:

"The role of the task force is to, 1) review existing statutes and regulations of registered counselors; 2) determine if registration, certification, or licensure is appropriate; 3) determine if education, examination, supervision, or experience requirements are appropriate; and 4) develop recommendations to the Governor."

Item 1: This is absolutely necessary, since although there is plenty of room for improvement, the current RCW in my opinion already addresses many issues.

Item 2: From my personal experience, and from the experience of my clients, offering alternative counseling through Registered Counselors is a benefit to the community and should be continued. To simply eliminate RC's as some have suggested is to completely ignore the overwhelming majority of RC's who provide valuable resources to the community.

Items 3 and 4: Along those lines, I have some suggestions that Task Force might find worth in considering:

. Background Checks. I believe background checks, one on initial registration and occasional subsequent checks, would help.

. Oversight/Supervision. There are caveats but I recommend oversight, consisting of a review of at least one client a week, for a minimum of the first year of an RC practice. Although I welcome suggestions, I would not want a supervisor to dictate how I do my work. The supervisor should however know the statutes guiding RC's; I would want to know immediately if I was committing any form of infraction to the RCW.

. To cover the added expense for background checks and oversight/supervision, RC registration and renewal fees should be raised. As a part-time RC myself, the added fees would hurt. But I'd rather pay the price of higher fees than have the reputation of RC's be further tarnished.

. CEU's. I firmly believe in continuing education no matter what kind of credentials the counselor has. CEU's could be in the form of college classes or association endorsed CEU's (as the NGH does).

. Since most of the complaints revolve around sexual impropriety there should be very strict guidelines about what kind of physical contact is allowed between an RC and client.

The minutes question the "...ramifications if we take away this credential...". For me, and the clients that come to me, it would be disastrous. You would be in effect taking away that "last resort" that so many of my clients have come to me for. And obviously, for me, it would mean turning away from something I truly enjoy doing, which is helping others.

The Task Force minutes state that there are 17,496 RC's in Washington. That number is minus the 104 that have been sanctioned according to Tthe Seattle Times in the last 10 years.

I hope that the Task Force will make recommendations that enable the majority of those 17,496 counselors who are already operating their practice with integrity and providing a valuable service to their community to do so from an even stronger place than they do today.

Sincerely,

July 6, 2006

Sherry Thomas
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RE: Registered Counselor Task Force

Dear Ms. Thomas,

I recently received the letter from the Department of Health regarding the formation of the Registered Counselor Task Force. While I understand the importance of safeguarding the public and preventing unqualified people from practicing in the field of counseling and therapy, I would also like to express my concern that the Registered Counselor credential might be taken from those of us who practice in this category. I would appreciate it if you would share my thoughts with the task force.

I have been a registered counselor since 1993. I obtained my RC status when I was doing a year of volunteer counseling work for [redacted] as preparation for graduate school. I worked for 1 year and 4 months as a volunteer at EMH, under the supervision and training of [redacted]. I received 4 months of training, and worked for an additional year as a volunteer counselor with a variety of clients. This year of volunteer counseling was a requirement for application to graduate school.

I attended Antioch University, and earned an MA in Psychology. I did not take the clinical track (although I took ALL allowed clinical classes) because I was not interested in licensure. In my opinion, the main benefit of licensure was to be able to get insurance company reimbursements and that did not interest me.

Since that time I have taken a huge number of professional training courses in a wide variety of clinical issues. I have kept my knowledge base current.

I am a member of the American Counseling Association, the American Psychological Association, the Washington Mental Health Counseling Association and the American Mental Health Counseling Association. I carry liability insurance with a program offered to members of the American Counseling Association.

Recently, I took additional classes at Antioch University. I fulfilled almost ALL of the educational requirements for licensure. I decided not to finish when I realized that I would need to do a 1 year unpaid internship (which I knew about) *and* the additional 3000 hours of supervised counseling (which I somehow missed), before I could even sit for the exam. I am a part time counselor, and do other work (tour leading, writing, speaking), as well. With my other work I would be unable to get those 3000 hours in any sort of timely fashion. I am not willing to work in an agency full time (and put my additional career elements on hold) in order to become licensed. As I said before, I am not interested in receiving insurance reimbursements for my work.

I am not opposed to minimum education requirements and ongoing continuing education requirements. I do hope that special consideration will be given to people who have practiced successfully for a long time, even if they do not meet the requirements that are created. We are talking about people's livelihoods, and the important contributions that many RCs make in servicing the mental health needs of a wide variety of clients.

I am a qualified, educated counselor. I deserve to be allowed to continue practicing in Washington State. I sincerely hope that whatever changes the task force makes, people like me, who have made the investment in education, training and practice will be allowed to continue to legally practice in this state. The licensure track (with its current requirements to even take the exam) only makes sense for those who want to do counseling full time, and are willing and able to invest in years of full time counseling (some for no or little pay). I am not able or willing to do that.

I would take the licensing exam tomorrow if I was allowed to do so, and I would pass with flying colors. Hopefully, if the RC designation goes away, those of us with a long history in the field will be allowed to take the licensure exam and be allowed to continue to practice legally in Washington State.

Thank you for your time and consideration.

Sincerely,

My name is

I currently hold the title of Pastor and Minister and am the Bishop for this area. I over see newly appointed ministers, some of who are registers counselors and provide general over sight.

I am Captain and Team Leader and a Chaplain for a Disaster Relief Organization. I also have some over sight responsibility. In both capacities I regularly provide, and over see other provide some counseling services to individuals and families. Academic education is invaluable knowledge, but it is equally important to give consideration to experience and professional and private training.

I am a Registered Counselor and recently took the Peer Counselor training. I am a consumer of counseling services.

I am submitting some input that I believe you might find worthy of review and consideration on the topic of Registered Counselors.

Public Perception

Citizens have the belief that if you have a professional credential then the credential holder should have some basic knowledge and understanding of the profession, the relative laws, state regulations, and knowledge of the professional system relating to the profession. Including regulations regarding confidentiality and disclosure.

That expectation is reasonable and attainable.

1. Require an annual exam, available online, that reviews knowledge of 1. Laws, Administrative Regulations, and the State System. 2. Professional Ethics. 3. Mandatory Reporting Requirements. 4. HIPAA requirements, and Disclosures as they may be updated.
2. Allow on online Registration and Renewal.

All current RC's to be grandfathered in new categories or titles, and shall be subject to this new requirement upon the next license renewal.

3. Require evidence of some continuing education from any approved source that deals with the profession or other area of counseling.

Registered Counselor registration and renewal

There is and should continue to be required registration but not in it's present form.

Registration should be expanded to include "Any person who has access to the public who provides counsel or support to another, whether or not they charge a fee should be regulated by the state if they plan to engage in any counseling." Particularly if the applicant will have access to vulnerable adults and children. All applicants should continue to undergo a state background check.

Who falls into this category?

Every person regardless of the profession title, or level of education, who provides counseling using any belief, method or technique that would likely have the potential of being relied upon by a Consumer in a counseling relationship, or where a consumer could be impacted, should be registered with the state.

To address this issue I want to use the actual examples of the Certified Peer Counselors Clergy men and women, and other non-credential registered counselors who provide counseling to the general public.

Where Are Peer Counselors, Member's of the Clergy and Non-Credentialed Registers Counselors working.?

Student Interns, Public Mental Health Agencies, Private Practice Counselors, Private Practice Assistants, Certified Peer Counselors (Certified by the Mental Health Division), Crisis Hot Line Counselors, Drop Inn Center attendant, Residential facilities, Homes for Children, or Adults, Homeless Shelter Counselors, Adult and Child Community Center Helpers and Disaster Relief Counselors. Some Counseling takes place among other private sector groups.

Clergy men and women and other Ministers

- who regularly provide counseling to organization members and the public.
- who assist the leadership in counseling other members and the public and
- who have access to children and adults.

Many Clergymen and women who are Registered Counselors.

Many clergy persons and spiritual counselors provide a wide spectrum of counseling to the public at large. This includes the practice of counseling for a variety of mental health and substance abuse related counseling. Members of the clergy are also bound as Mandatory Reporters and as such are accountable to the public and this State.

But not just for that reason, members of the clergy can be ordained by any other ordained minister, and his position grants certain invested leadership, authority and access to children, and vulnerable adults. The minister provides counseling in a variety of settings including in the residence, in the church, at various functions or in virtually any location in society. Ministers have access to individuals and families, provide counseling services, are not regulated, do not have to go through a back ground check, do not have to register as a minister, and do not have to register as a counselor.

In many cases senior leaders, like myself *encourage* clergy men and women to voluntarily register as counselors because by having the minister to register as a counselor then that would automatically impose certain state regulations and requirements on the minister; and thereby result in state oversight and public protection. The clergy provides counseling under the title of spiritual counseling, and employs some method or technique that may have impact on a member of the public.

Clergy and Ministers are Mandatory Reporters under the law and are therefore accountable for their conduct, including any counseling that they provide.

The public comes to rely on members of the clergy and other non-credentialed counselors for advice and counsel as well as help to address relationship issues, chemical abuse issues as ways for helping the individual to identify strengths and coping mechanisms in their life or system of belief with the objective of restoring, delivering, or helping the person get back to their respective normal way of life without the problem. The counselor typically uses words that influence, encourage, and empower consumers to think and behave differently.

But the question here is:

A. "Since the US Constitution stipulates that there must be a *separation between church and state*, to what extent can regulation be made that regulates the access of an ordained member to vulnerable adults, and children and providing counseling services under the invested authority as a ordained clergy person."? Again, they are Mandatory reporters under the law so other regulations seemingly could be imposed.

Particularly when virtually anybody can be ordained from another ordained person or over the internet as some established churches freely ordain over the internet and even provide certification and credentials at cost.

This is relevant because once a person is ordained he may have access to adults and children that he would not have had, if he had not been ordained.

Some organizations issue 'Honorary' degrees to members either reaching certain knowledge understanding, for meeting certain levels of life experience in a certain course of study or offer such degrees as a flat cost.

But many *non-credentialed* people, not only clergy, are currently working as registered counselors in the public and private sector and are daily providing services to consumers in need, and have been for years. Many recovery relationships have been formed.

B. Is there a population of consumers that have come to rely on the service or advice that they are currently receiving from clergy or non-credentialed Registered Counselors?

C. Does a Consumer have the right and personal choice to seek counseling from whom ever they choose?

Perhaps, it may not be a good idea to summarily sever some recovery relationships that have been formed from current non-credentialed Registered Counselors.

While we may regulate the practice of counseling in the interest of protecting the citizens, it must not be forgotten that the consumers must retain the right to have access to whom ever that client feels can help them, whether or not the person of choice has academic background or a credential.

- D. Can we regulate who can become ordained?
- E. Currently there is no profession as 'Clergy' or 'Minister' to impose regulation of the clergy. So as is, the State has little or no authority to regulate the practice or the clergy or ministers.
- F. Can we regulate who can provide counsel to another?
- G. Many clergy and other non-credentialed Registered Counselors, either received education from an academic school, or completed some professional training, or obtained training from personal life experience, or was trained by personal study, or organizational courses, or by other credentialed or ordained persons. Should there be a higher requirement.

Re-Cap of the Clergy

Right now a minister in this State is not even required to register in this state as a minister, again he has access to children and adults. As such ministers are not currently required to Register as Counselors. They could very well be ordained, provide counseling and have access to children and adults of the general public.

If a new registration requirement imposes mandatory continuing education, or other restrictions for everyone including those ministers who voluntarily register as counselors (Because a minister is not required to register anything except the marriages he performs) could easily force those who do register voluntarily, not to register any more and still have access and provide counseling service.

I think it is better to encourage every person who counsels to be registered and to have a credential through the State and this would help the state maintain disciplinary jurisdiction over the applicant and just change the name of the title for different groups or classes.

Psychology is itself not an exact science, culture ideas of counseling and treatment are different, so practices and techniques are different, and consumers must have access to the person or service that they want.

None the less, the person providing counseling whether or not for a fee should have at minimum a basic understanding of :

1. Laws, Administrative Regulations, and the State System.
2. Professional Ethics.
3. Mandatory Reporting Requirements.
4. HIPAA requirements, and Disclosures as they may be updated.

This is information that can be posted on-line and then require a online exam

We must make sure that we balance State interest against the rights of access for a consumer. Some consumers prefer counseling from clergy who traditionally have had

little or no academic background in counseling. Some do have some professional training or training received from life experience or teaching from a credentialed mentor.

Some believe that counseling by a member of the clergy is different and should have different rules as people have the right to practice their religion in what ever manner they choose so a Christian believer of the general public who has no certain church or minister may walk in and receive counseling services from any minister and that consumer should have the same protections as if the consumer went to a credentialed counselor.

Some counselors believe that the area that they are working in now is their calling, or talent and the counselor may or may not ever add more courses.

Many members of clergy, and non-credentialed registered counselors have been trained or instructed not to provide counseling beyond their knowledge and when necessary refer the person to a credentialed professional therapist or mental health physician.

The Difference between Certified Peer Counselor vs. the non credentialed Registered Counselors

Certified Peer Counselor in the state of Washington have bee trained on issues of counseling, ethics, confidentiality, disclosure, HIPAA and many other aspects.

WAC 388-865-0107 Peer counselor certification.

The mental health division certifies consumers to provide peer support services.

(1) In order to be certified as a peer counselor, all applicants must meet the following requirements:

- (a) Be a self-identified consumer of mental health services, as defined;
- (b) Maintain registration as a counselor under chapter 18.19 RCW;
- (c) Complete specialized training provided or contracted by the mental health division; and
- (d) Successfully pass an examination administered by the mental health division or an authorized contractor.

(2) The training requirement specified in (2)(c) of this subsection is waived for consumers who were trained prior to October 1, 2004 by trainers approved by the mental health division, provided that all of the other requirements are met by January 31, 2005.

(3) A consumer whose request for certification is denied has the right to contest this decision by submitting a written request to the mental health division within twenty-eight calendar days of the date of notification:

(a) The request should include the consumer's name, address, and telephone number and a brief explanation of the issue and resolution being requested;

(b) The consumer also has the right to use the state administrative hearing process as described in chapter 388-02 WAC;

(c) A consumer who completes the administrative hearing process may request reconsideration in accordance with chapter 388-02 WAC but does not have recourse to review by the DSHS board of appeals.

[Statutory Authority: RCW 71.24.035 (5)(c), 71.24.037. 05-17-156, § 388-865-0107, filed 8/22/05, effective 9/22/05.]

WAC 388-865-0453 Peer support services. (1) Peer support services are a wide range of scheduled activities to assist consumers in exercising control over their own lives and recovery process (*e.g., promoting socialization, self advocacy, developing natural supports and maintenance of community living skills*). This would include reintegration into the community while in recovery including adjustment from other environments. Peer support services may include but are not limited to self-help support groups, telephone support lines, drop-in centers, and sharing of the peer counselor's own life experiences. Services must be limited to four hours per day per consumer.

(2) The community support service provider that is licensed to provide peer support services must assure that all general minimum standards for community support services are met.

(3) Services must be provided by a peer counselor who has been certified consistent with WAC 388-865-0107 and who discloses him/herself to be a consumer of mental health services.

(4) Services must be documented in the clinical record at least monthly, including objective progress toward goals established in the individual service plan.

[Statutory Authority: RCW 71.24.035 (5)(c), 71.24.037. 05-17-156, § 388-865-0453, filed 8/22/05, effective 9/22/05.]

As noted above the state Mental Health Division certifies Peer Counselors in the State of Washington. Peer Counselors also have completed professional training from a state agency which includes forty hours of training, and a written and an oral exam before a panel of impartial persons. (A Parent, A credentialed Mental Health Professional, and A

Consumer) includes an introduction to counseling in the form of providing a service to the community at large.

Peer Support allows individuals and families who have experienced a mental illness or a serious emotional disturbance and who are on the path to recovery, to provide support for others dealing with similar situations. Peer Counselors are especially qualified to provide this support, encouragement, and have knowledge of resources to connect consumers with and families because they likely have been in similar situations and understand what can be involved.

Peer counselors assist consumers and families to identify life goals while planning steps to achieve those goals. Steps may include strengthening social support networks, managing internal and external stress, and navigating the mental health system and other systems. Peer Counselors who have demonstrated that they are on the path of recovery can share this story with others and encourage hope, meaning and purpose. Peer Counselors can be used in many areas to help a individual reintegrate and connect back with the community or improve the quality of life.

Peer Counselors receive certification only after they have passed a written and oral examination. It should also be noted that Peer Counselors may always remain Peer Counselors and only take periodic, if any continuing education classes, which is currently not required to retain certification. So they should not be considered 'Students'.

There are all forms of counseling, and while continuing education is good, some registered counselors would not fall into the category of being students as they may simply pursue being what they are.

Training and Education

ONLINE PROVIDER CREDENTIAL INFORMATION

1. Currently, there is very little information available to the public accessible by the internet. The only information available is a name, credential number, and the active status, of the credential holder, and whether there are any disciplinary notes.
2. More information should be made available. This should Include How the counselor obtained they're training e.g. Academic Education, Professional Training or Private Training, and should include the course of study and number of hours completed, if applicable.

Academic Education

Education obtained from a recognized academic school.

Professional Training

Training received from a recognized technical or vocational school, or public agency. (e.g. The Western State Hospital provides training classes to registered counselors, case managers and those interested in counseling related issues, The DSHS Mental Health Division also provides training and Certification as Peer Counselors who are required to be registered. Peer Counselors have undergone 40 hours of classroom training, a written exam and an oral exam before a panel of three people that includes a Parent, a Consumer and a credentialed Mental Health Professional. The curriculum is extensive.

Private Training and other related Work Experience

Training or Work Experience received from a credentialed licensed mental health Professional or provider that is in active practice and in good standing; and training or work experience received from any source whether or not that source is credentialed or licensed as a professional.

3. The profile should also contain a listing of all added exams taken, certifications, Continuing education courses, trainings taken annually, and location and number of hours accrued under a supervised mental health professional. These must be verified in writing by the approved agency or organization, and can only be included on the database if they have been sent from the approved source.
4. The profile should also include a section that list each type of counseling Provided now, or in the past and disclosure of all techniques and therapies ever employed.
5. Finally, there should be a place for a list of all agencies presently, or Previously employed or whether private practice.
6. Add or Change License Types

Licensed Professional Counselor, Registered Counselor, Counselor Student-Intern, Counselor-Non- Credentialed, and Counselor-Clergy

Licensed Professional Counselor

Applicants who are credentialed or certified Counselors to include counselors who have passed an approved examination. Renewal to include 40 hours of continuing education in any area of human services and an annual review exam of HIPAA, State LAW, Confidentiality and Disclosure. *The title L.P.C. is more commonly used nation wide for professional counselors.*

Registered Counselor (Public or Private Practice)

Applicants who have met credentialing requirements and have been certified by the Mental Health Division who are Certified Peer Counselors.

Counselor Student-Intern (Public or Private Practice)

Applicants who have declared their active enrollment in a academic, professional or private training program with the goal of obtaining a credential or certificate in any area of human services.

- a.) Applicant must be actively involved in a academic school, public agency, private agency or organization.
- b.) The agency or organization must certify in writing that the applicant is actively enrolled in a Degree or certificate program, or is receiving training from a credentialed individual, agency or organization.
- c.) The Agency or organization must agree to exercise over sight over the applicant when the student intern is providing counseling services.

Renewal to include annual continuing education of 40 hours in any area of Human Services, and an annual online review exam of HIPAA, State LAW, Confidentiality and Disclosure.

Counselor Non-Credentialed (Public or Private Practice)

Applicants who have limited counseling training from professional training, work experience, or life experience, including training from a credentialed professional. Who:

- a.) declared that they are not actively enrolled in a academic school, public agency, private agency, or other organization; and
- b.) who provide minimal counseling or talk therapy only to the extent that they have been trained and certified.

Renewal to include an annual review exam of HIPAA, State LAW, Confidentiality and Disclosure. No other continuing education required.

Counselor -Clergy

Applicants who are ordained or appointed to a clergy or ministers position who:

- a.) presents evidence of appointment or ordination from a established ordained person, or approved organization.
- b.) Where applicant intends to provide counseling, whether or not for a fee;
- c.) and may have access to or interact with individuals and families, including children.

Counselor- Clergy would not have to have any continuing education requirement. The Clergy credential would be distinct and different from a Student Intern credential. A applicant who has a clergy credential and who later decides to continue education to pursue clinical counseling may have the Clergy Counselor credential and a Student Intern credential.

Different Applicant Fees

The different licensing types would require a fee as is the current practice.

I hope this information will be considered.

July 10. 06

Dear Laurie Jenkins -

I received your letter

and I see all the dates - but
I do not drive and cannot
attend any of these meetings

I am enclosing a few articles
and will refresh your memory - of the
places. First I got my M.D. from London
England as a Naturopathic Doctor - and
Emerson Herbal College at Canada. I
graduated from both. Also in the
Military attended Bethesda Maryland as
a Nurses Logician Hospital man - when I
was in the navy - also Dental School
in New York R.I.

I help all my
patients that need my expertise.
Both Comfatup them - or phone too.

Truthfully yours.

DEPARTMENT OF HEALTH

JUL 14 2006

HEALTH SYSTEMS
QUALITY ASSURANCE

Laurie Jenkins
P.O. Box 47850
Olympia, Wa. 98054-7850

Dear Miss Jenkins:

This letter is an addition to the survey on the internet. I would like to write my personal experiences so you are aware of a Sr. who completed a B.A. with CDP classes.

I had two bad experiences in o/p treatment centers. The first center asked me to the center to only do correlating papers, answer phones and be quiet. I did sit on two group sessions and one evaluation with instruction to not talk but observe. The clients wanted to know why I didn't talk. I was passed to another counselor who came after me. He and the former counselor had no time to instruct me as an intern. Eventually, they hired a receptionist and I was not needed as they had hired two other people. One person did not complete his counseling for a/d but he was at S.U. in Seattle, married and had a child.

My second experience was in group counseling for 2-3 meetings. The counselor at this time decided she couldn't train me as a intern as she was returning to her masters program and another agency. This center reveals their past history of addiction. The counselor did not stand behind me with my choice not to reveal addiction history. I believe she was intimidated by a young client who insisted I tell my addiction.

After these two experiences, I felt my internship was doomed by age and the counselors inept educational classes. Therefore, I believe that all treatment centers need a law that show no discrimination and they must hire two interns per semester of college. Before they can train a intern, there must be guide lines/training for the treatment counselors who are employees.

College classes are becoming more and more expensive so an internship is one our c/d students are seeking. It would seem that college classes would earn more than a non professional job.

I would like to see the internship hours lowered because we have completed classes in alcohol/drug and some cases gambling. We are instructed in domestic violence, HIV Law, family systems, teens and ethics.

The person who wrote in the Times about interns didn't research CDP classes. Interns conducting groups is done because the agency/ center has told them to lead the group. Some times these interns do not have enough classes only past addictions to be an intern.

I have heard that Wash. Requires more chemical classes for counseling than other states. Washington has continued to make more and more required classes for CDP. If you have interns coming into your treatment center, you will learn about the new class requirements. Most of the counselors don't know that a mix of counselors with a past addiction history and those with none is better for the agency.

*A Mix of Counselors + rewrite ASAM
would benefit Counselors in their job,
By law,*

July 7, 2006

DEPARTMENT OF HEALTH

JUL 14 2006

Laurie Jenkins
Department of Health
P. O. Box 47850
Olympia, WA 98504-7850

HEALTH SYSTEMS
QUALITY ASSURANCE

Dear Ms. Jenkins:

I recently received a letter regarding the issue of registered counselors. I am a practicing Clinical Psychologist who has had a number of licensed counselors in his practice.

I do not understand the purpose of the registered counselor status in the State of Washington. This makes about as much sense as having a registered physician or a registered psychologist. The purpose of licensing laws is to provide some safety and security for the public. In fact, the counselor licensing law unfortunately empowers often poorly trained individuals to practice independently in the State of Washington. It would make much more sense if they were required to practice under the supervision of either a psychiatrist or a clinical psychologist. Training and diagnosis in scientifically based treatments is very poor for the average licensed mental health counselor, marriage and family therapist, or social worker in our state.

Even worse, having registered counselors validated in the eyes of an unsuspecting public is truly without justification. What is the point of a license for a counselor then?

I hope that our State government will see fit to end the registered counselor program once and for all. If not, how about a registered physician program so I can practice medicine?

Thank you for your consideration.

Sincerely,

Thomas, Sherry (DOH)

From:**Sent:** Monday, July 03, 2006 2:16 PM**To:** Thomas, Sherry (DOH)**Cc:****Subject:** Our Phone call- Regarding Registered Counselors RCW 18.19.090

Sherry

I was glad to talk with you today regarding the Department of Health's review of the Registered Counselor Program.

A few follow ups:

Ⓢ Because, Registered Counselor is included under Title 18 RCW Business and Professions – If legislation is drafted, as well as getting input from the Health committees, I believe it will need to move through the Labor and Commerce committees. As a past staff person in the House of Representatives, I recall all of the licensing professions issues going through that committee- I recommend touching base with . OPR Staff. (see list below of occupations)

Ⓢ Here is the web site link I recommended: <http://www.sdiworld.org/>
The world headquarters for Spiritual Directors International is located in Seattle.

Also, as you requested, here is a little more information about me and my "Practice" as a Registered Counselor.

I'm happy to be a resource to those involved in this process

EDUCATION:

Masters of Counseling and Community Psychology- Saint Martin's University
Spiritual Direction Certification - University of British Columbia, Vancouver School of Theology, Chalmers Institute, Pacific Jubilee Program *(This is a rigorous two year program with program fees of \$6,000)*

PRACTICE:

I have a part time practice; my emphasis is in Transpersonal Psychology, with a specialty in Contemplative Psychotherapy and Spiritual Direction.

SUPERVISION:

- Ⓢ A clinical Supervisor who is a licensed Marriage and Family Therapist, Doctor of Psychology
- Ⓢ A Spiritual Direction supervision group which meets monthly
- Ⓢ A Spiritual Director supervisor – every 6 or 8 weeks.

INSURANCE

Mental Health Counselor Professional Liability Insurance (\$1,000,000) through the American Professional Agency, Inc.
Commercial Business Liability (\$1,000,000 each occurrence, \$2,000,000 aggregate) Insurance through the Hartford Company

7/10/2006


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What's New?

Read Ellie Hidalgo's article on **spiritual direction** that recently appeared in *The Tidings*.

Spiritual Direction in the Context of Disability

[Click here for information](#) about bonus reviews from Presence.

2006 Costa Mesa Events Photos

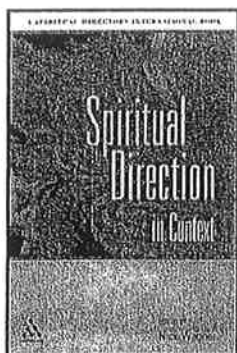
[Click here](#) to take a photo tour of the 2006 Costa Mesa Events: Coming Home to the Interior Landscape



What Is Spiritual Directors International?

Spiritual Directors International is a global learning community of people from **many faiths and many nations** who share a common concern, passion and commitment to the art and contemplative practice of spiritual direction. [Read more...](#)

Featured Resource



Spiritual Direction in Context
Edited by Nick Wagner

In this provocative collection of essays, respected leaders in

What Is Spiritual Direction?

Spiritual direction is the process of accompanying people on a spiritual journey. Spiritual direction helps people tell their sacred stories everyday. Spiritual direction exists in a context that emphasizes growing closer to God (or the holy or a higher power). Spiritual direction invites a deeper relationship with the spiritual aspect of being human. Spiritual direction is not psychotherapy, counseling, or financial planning. [Click here to see other descriptions of spiritual direction](#)

How Do I Find a Spiritual Director?

Choosing a spiritual director or a spiritual guide is a very individual process. Call area theological schools or institutes and ask if they have a list of people who offer spiritual guidance. Ask an ordained minister or rabbi or vowed religious for names of spiritual directors or guides they recommend. Ask a Spiritual Directors International regional coordinator for suggestions of spiritual directors or guides to